

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

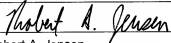
Application Number	09/690,046-Conf. #1525
Filing Date	October 16, 2000
First Named Inventor	Frederick S.M. Herz
Art Unit	2492
Examiner Name	E. W. Shepperd
Attorney Docket Number	P0813.70015US01

**ENCLOSURES (Check all that apply)**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                                       |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Other Enclosure(s) (please identify below):                               |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |  |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    |   |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**


Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Robert A. Jensen		
Date	August 23, 2011	Reg. No.	61,146

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: August 23, 2011

Signature

 (Sandra Yapsuga)